1984

Health and Health Insurance: The Public's View

Public opinions concerning health care costs and cost containment strategies.

Health Insurance Association of America

Health and Health Insurance: The Public's View

Foreword

This report describes Americans' views of the health care system in 1983. Because the public and leadership groups have increasingly focused on the containment of rising health care costs, this booklet is devoted largely to that issue.

The concerns and interests of the public are difficult to discern, particularly in the midst of political events. Often, a variety of groups and organized interests attempt to speak for the public. This report is being distributed to officials of the health insurance industry, government, the media, and interested members of the public in order to enhance their understanding of the public's beliefs, attitudes and feelings on the subject of health care.

This report describes a survey by the Health Insurance Association of America which was carried out between March 21 and May 5, 1983, with a scientifically selected sample of 1,508 people. This sample is representative of all adults 18 years of age and older living in the continental United States. The design of the sample and the field interviews were carried out by Yankelovich, Skelly and White, Inc.

Additional details on the sampling methodology can be found in the Technical Appendix. Detailed tabulations of specific questions are available on request.

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Highlights

Rising Cost of Health Care

Three out of four Americans (75%) believe that health care costs are going up at a faster rate than other costs. The public's concern with this issue has shown a steady increase since 1980, when 63% believed that health care costs were rising more rapidly.

Responsibility for Rising Health Care Costs

Approximately 3 out of 4 believe that both hospitals and doctors are primarily responsible for rising health care costs. About half of the public also feels that health insurance companies, drug companies and the Federal government are responsible. The public, however, is very reluctant to blame itself for spiraling costs. Approximately 1 in 4 believe they are responsible for rising health care costs.

Cost Containment: Federal Initiatives

More than 4 out of 5 think it is a good idea for the government to have hospitals and doctors disseminate price and fee schedules for medical services. Roughly two-thirds of the public think it is a good idea for government to have employers offer a choice of health plans of varying cost to their employees. Two out of three also support the government in placing some restrictions on Medicaid and Medicare.

Cost Containment: Hospital Initiatives

The public is strongly supportive of cost containment strategies which would make hospitals more efficient and productive. There is overwhelming support for requiring hospitals to conduct management audits and to coordinate their services and equipment to avoid duplication. A majority also believe that hospitals should budget prospectively.

Cost Containment: Individual Initiatives

Public support for individual initiatives to contain costs is relatively weak. None of these initiatives receives majority support. Among the proposals, the public would be most willing to have routine illness treated by a nurse rather than a doctor (49%). One out of three would be willing to pay a higher deductible or forgo seeing a personal physician and instead go to a clinic.

Choosing a Personal Physician

When choosing a physician, the most important factor in the choice for most Americans (72%) is their perception of the doctor's competency. Only 9% consider cost to be the most important factor when choosing a doctor. Also, almost three out of four have not asked their physician for a less expensive treatment or medicine.

Medical Malpractice

Americans think that the primary causes for the increasing number of malpractice lawsuits are greater public awareness that they can sue and that people want to make money from litigation. When presented with

possible strategies to reduce the number of suits, the public favors second opinions, medical review boards, and a limit on attorney's fees.

Health Insurance Company Performance

The public, by a 39% to 14% margin, believes that health insurance companies are generally fair in the way they handle claims. Forty-seven percent have no strong opinion on this question.

Health Insurance Company Profits

Forty-nine percent of the public says it is legitimate for health insurance companies to make a profit; 16% disagree, and 35% have no strong opinion.

Bio-Ethical Issues

A strong majority feels that the family of a terminally ill patient who is unconscious should be able to tell a doctor to remove life support systems. However, there is considerably less support for allowing a doctor to end a patient's life if the patient has an incurable disease and requests it.

Test Tube Conception

A majority (52%) believes that test tube conception should be made available to married couples unable to conceive naturally.

Overview

Health and Health Insurance: The Issues

The dramatic and continuing rise in health care costs and total expenditures for health care services are seen as potential threats to Americans' personal access to health care. At a time when the consumer price index showed a 3.9% increase in overall prices in 1982, the cost of medical care increased 11%. Health care prices in the first quarter of 1983 continue to outpace the index for all consumer goods and services. Largely as a result of rising health care costs, health care is consuming a larger and larger share of the nation's wealth. The national health care bill rose from $26 billion to $69 billion between 1960 and 1970, up from 5.2% to 7.2% of the gross national product. By 1982, the total bill of $322 billion was 10.5% of the GNP.

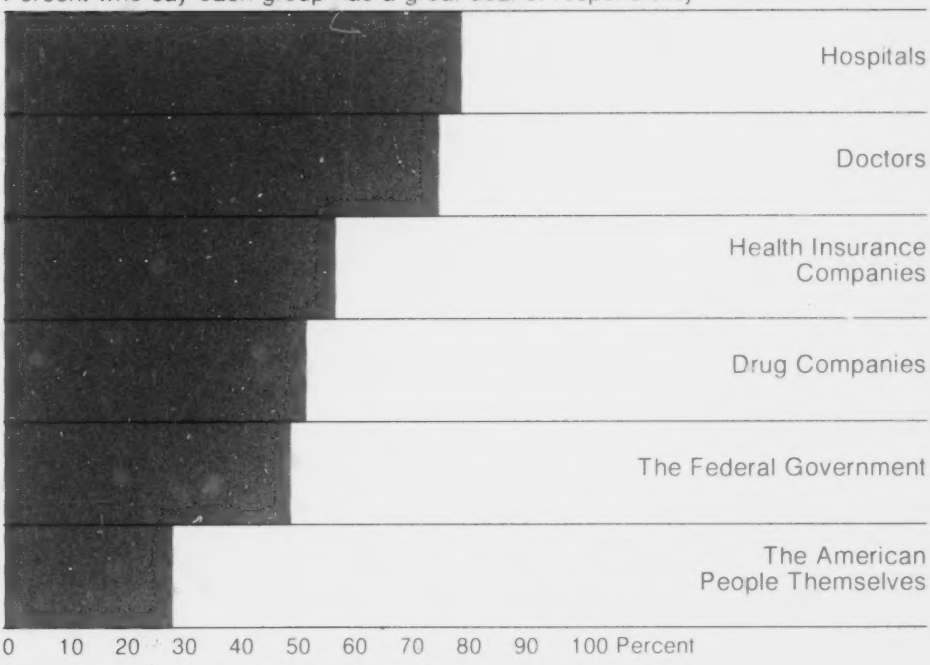
Considering these economic realities, it is not surprising that the public's primary concern with the health care system is the increased costs of health care. Three out of four Americans (75%) accurately believe that health care costs are going up at a faster rate than other costs. This high degree of concern has shown a steady increase since 1980, when 63% believed health care costs were rising more rapidly.

Concern with health care costs, however, has not shaken the public's confidence in their ability to purchase health care nor diminished their overall satisfaction with the health care they receive. Slightly more than 7 in 10 are confident they can meet the costs of a major illness; slightly less than 50% never forgo medical treatment due to cost. Since most Americans are confident about meeting their medical expenses despite rising costs, it is not surprising that an overwhelming majority (87%) are satisfied with the health care they receive.

These opposing trends—dissatisfaction with cost and satisfaction with the health care services received—make the health care system crisis a unique and perplexing public policy issue. Among those who have studied the problem, almost all agree that the fee-for-service system of medical care, paid for by private health insurance companies, Medicaid and Medicare, is responsible both for the overall public satisfaction with health care and the escalating health care inflation. Since most of the public is generally sheltered from the real costs of health care by some form of private or public health insurance, they do not see themselves directly affected by rising costs or as responsible for causing the increase in health care costs. Instead the public believes that the major public and private health system institutions are to blame. When asked, for example, who shoulders the blame for rising health care costs, strong majorities believe that both hospitals (79%) and doctors (75%) are primarily responsible. Majorities also feel that health insurance companies (57%) and drug companies (52%) are contributors to rising costs. Slightly less than a majority also believe that the Federal government is responsible (49%). The public, however, is very reluctant to blame itself for spiraling costs—only 28% believe they are responsible for rising health care costs.

Degree of Responsibility for Causing Rising Health Care Costs, 1983

Percent who say each group has a great deal of responsibility



Cost Containment: Public Policy Initiatives

To determine what public policy initiatives Americans might support in health care, we asked about containment strategies involving hospitals, doctors, the Federal government, and the public. Since most are very satisfied with their health care and do not feel personally responsible for accelerating costs, it should be noted that these proposed solutions have a low saliency. Although there is strong support for many of these proposals, additional HIAA research shows that the public may not translate their support into action.

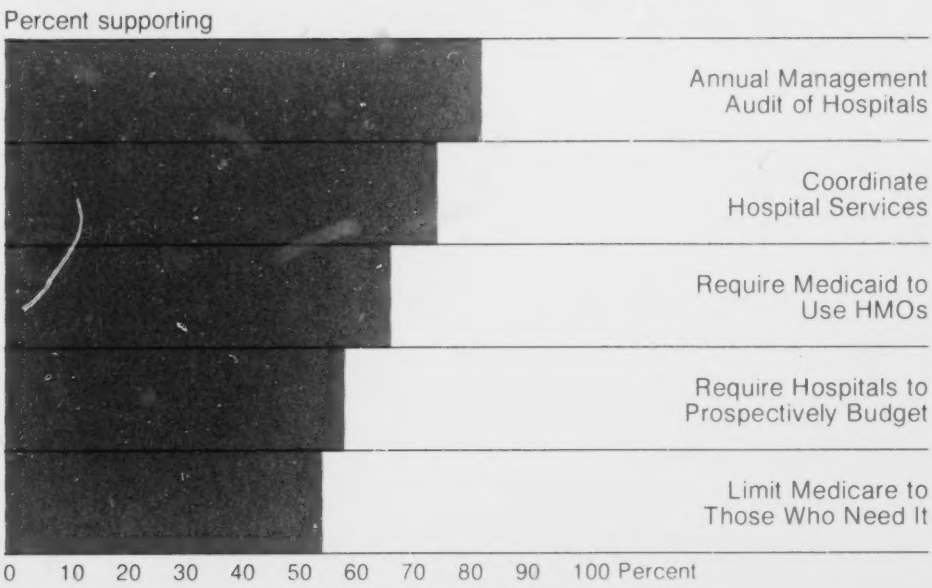
When asked to evaluate Federal initiatives an overwhelming majority (86%) believes it is a good idea for the government to have hospitals publish and disseminate prices of rooms and medical services. A strong majority also thinks it is a good idea for the government to have doctors publish their fee schedules (83%). Considering that approximately 3 out of 4 believe that both hospitals and doctors are primarily responsible for escalating costs, it is not surprising that support for these initiatives is so strong. Although a majority (69%) believes that it would be a good idea for the government to have employers offer a choice of three different health plans of varying costs, there is less public support for this initiative.

Another Federal approach is to control Medicaid and Medicare expenditures. The public generally supports changes to allow the government to control costs. Two-thirds (66%) believe that the government should require those whose care is paid for by Federal funds to use clinics and HMOs that

have a history of keeping costs down. There is less public support, however, for placing some limits on Medicare; 54% would limit Medicare so that only those who need financial help would actually get benefits.

The public also would support strategies which would make hospitals more efficient and productive. More than 8 of 10 (82%) favor hospitals conducting annual audits to assess employee productivity. Most Americans (74%) think hospitals in a given geographic area should coordinate equipment and services in order not to duplicate expensive services. Though a majority (58%) believe that hospitals should budget prospectively and charge according to those estimates even if their costs exceed estimates, there is less public support for this strategy.

Suggested Changes to Reduce Inflation in Health Care Costs, 1983


Percent supporting
Annual Management Audit of Hospitals
Coordinate Hospital Services
Require Medicaid to Use HMOs
Require Hospitals to Prospectively Budget
Limit Medicare to Those Who Need It
0 10 20 30 40 50 60 70 80 90 100 Percent

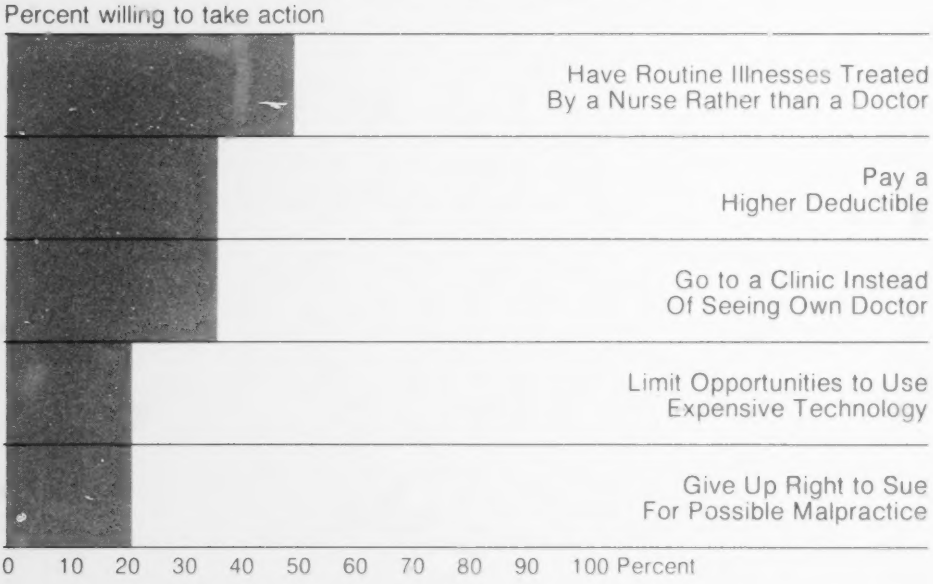
Cost Containment: Individual Initiatives

To determine how individuals might bring down health care costs, our survey asked what people would be willing to do. Considering that so few Americans believe they are personally responsible for health care inflation, it is not surprising that support for these individual initiatives is relatively weak. No initiatives mentioned receive majority support, possibly because the public is satisfied with the health care they receive. The public would be most willing to have routine illnesses treated by a nurse rather than a doctor (49%). Two other strategies receive the support of sizable minorities. Thirty-six percent would be willing to pay a higher deductible or would forgo seeing a personal physician and instead go to a clinic if it would reduce health care costs. Very large majorities are unwilling to accept two other cost containment strategies. Approximately 2 out of 3 (66%) would be unwilling to give up their right to sue for possible malpractice if it would help contain health care costs, and about the same proportion (65%) were unwilling to limit

opportunities for people to use expensive, life-saving technologies.

Although approximately 2 out of 3 Americans (66%) feel it is a good idea for doctors to advertise their prices, doctors' fees are a very minor consideration in choosing a doctor. The crucial factor for most people (72%) is their perception of the doctor's competence. Only 9% think that doctors' charges are the most important consideration. This finding is substantiated by the result that 73% have never asked their doctor for a less expensive treatment.

Willingness to Take Action to Reduce Health Care Costs, 1983


Percent willing to take action
Have Routine Illnesses Treated By a Nurse Rather than a Doctor
Pay a Higher Deductible
Go to a Clinic Instead Of Seeing Own Doctor
Limit Opportunities to Use Expensive Technology
Give Up Right to Sue For Possible Malpractice
0 10 20 30 40 50 60 70 80 90 100 Percent

Cost Containment: Medical Malpractice and Insurance

Today, one of the major reasons for the increase in physicians' fees and utilization of health care services is the constant escalation in premiums for insurance. Medical malpractice is a high visibility issue: approximately two-thirds (67%) of the public have heard or read about lawsuits against doctors and hospitals. Sixty-three percent feel that the increase is because people are more aware that they can sue, and 55% believe that the primary cause is that people want to make money from the litigation. Majorities also blame doctors and lawyers for the increase in suits. Fifty-three percent feel that malpractice suits are due to unnecessary surgical operations, while 52% believe that lawyers encourage lawsuits to make money.

When presented with a list of possible steps to reduce the number of medical malpractice suits, most people (75%) think that requiring second opinions before surgery or other major treatments would be the most successful strategy. Majorities also support two other initiatives to reduce the number of malpractice suits: review of physician malpractice suits by medical boards (62%) and limiting attorneys' fees in malpractice suits (52%).

Other approaches to containing health care costs involve providing health insurance payment options. One approach is to make consumers and providers of health care more aware of the cost consequences of their decisions by lowering the proportion of medical costs paid by health insurance. While one-third of the public has no strong opinion on this issue, a majority (52%) believe that patients and doctors would try harder to cut costs if health insurance did not pay for most people's health care expenses. A plurality (48%) feel that private health insurance companies should get tougher with doctors and hospitals by refusing to pay for unnecessary or too costly health care. The public, however, is somewhat undecided about whether health insurance should cover the costs of preventive health care. While a substantial proportion of the public has no strong opinion on the issue, 37% believe that health insurance should cover preventive health care, even if it means higher premiums.

Health Insurance Companies

As in past studies, the public continues to have a rather vague perception of the role and function of health insurance companies. This is indicated by the fact that substantial proportions of the public express no strong opinion on questions concerning health insurance companies. Among those who do express an opinion, attitudes toward health insurance companies are more positive than negative. The public, by a 39% to 14% margin, believes that health insurance companies are generally fair in the way they handle claims. Similarly, by a 49% to 16% margin, the public believes that it is legitimate for health insurance companies to make a profit. On the other hand, people are basically undecided about whether they get their money's worth from health insurance companies. By only a slight margin (29% to 26%), they think they are not receiving their money's worth. Moreover, Americans (40%) do not think that private health insurance companies are playing a major role in helping to slow the rise in health care costs though a plurality (41%) has no strong opinion.

Bio-Ethical Issues

As bio-medical research has made rapid advances into new frontiers during the past decade, ethical and moral issues concerning the use of new techniques have come to the forefront. This year's survey asked the public to respond to several of these issues—euthanasia, test tube conception, and pre-selection of the sex of one's offspring. A strong majority (70%) feels that the family of a terminally ill patient who is unconscious or in a coma should be able to tell a doctor to remove life support systems. However, public support is considerably less for allowing a doctor to end a patient's life by some painless means if the patient has an incurable disease and requests it.

On the issue of test tube conception, a majority feels that it should be made available to married couples unable to conceive naturally. However, by a 48% to 22% margin, the public feels that parents should not be allowed to select the sex of their child if and when the technique becomes available.

Health Care System and Costs

As in the past several years, the public's primary concern with the health care system is the increased costs of health care. Three out of four (75%) believe that health care costs are rising at a faster rate than inflation, while 20% think costs are going up at the same rate as inflation.

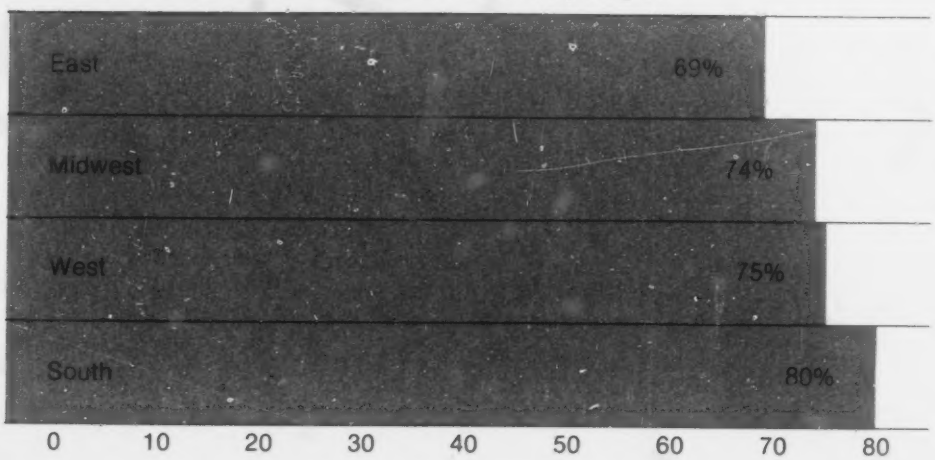
Cost of Health Care Compared to Other Costs

	1977 %	1979 %	1980 %	1981 %	1982 %	1983 %
Going up at a slower rate	4	4	6	5	4	4
About the same rate	20	4	29	24	22	20
Going up at a faster rate	74	90	63	69	72	75
Not going up (volunteered)	1	1	2	1	—	1

—Less than .5 percent

Though concern about health care costs is widespread, middle aged and older people are particularly sensitive. People 45 years of age and older are more likely to say health care costs are going up at a faster rate than others. There are also regional differences concerning health care costs. Southerners (80%) are more likely than Westerners (75%), Midwesterners (74%) or Easterners (69%) to believe that health care costs are rising at a faster rate than inflation.

Percentage Of Respondents Who Think That The Cost Of Health Care Is Going Up At A Faster Rate Than Other Costs, By Region



Despite general concern with health care costs, a strong majority of the public (72%) are either "very" or "somewhat" confident of their ability to meet the costs of a major illness, while 28% are not confident about bearing such costs.

Confidence in Ability to Meet Costs of Major Illness

	1978 %	1981 %	1983 %
Very confident	28	31	33
Somewhat confident	40	39	39
Not very confident	19	20	16
Not at all confident	12	10	12

Not surprisingly, people with family incomes of greater than $20,000 a year are more confident than those with family incomes of less than $20,000 a year (85% compared to 60%). Also, whites (74%) are more confident than non-whites (63%); and the full time employed (76%) are more confident than the unemployed (46%) that they can meet the costs of a major illness.

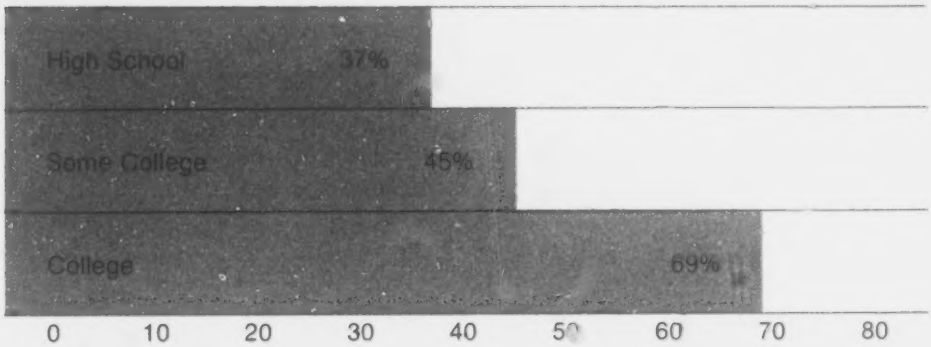
In a related question, a near majority (47%) say they never forgo medical treatment because of cost, while another 21% say that such a situation seldom arises. Only 10% frequently forgo purchasing medical service because of costs.

Frequency with Which People Refrain from Purchasing Medical Services due to Cost

	1981 %	1983 %
Often	9	10
Occasionally	18	21
Seldom	20	21
Never	52	47

People 55 years of age and older are more likely to say they never forgo medical treatment because of cost than others. Those people with a family income of $20,000 and above (53%) are more likely to never forgo treatment than those with lower incomes (39%). Forgoing medical treatment is also related to education. Sixty-nine percent of college graduates never forgo treatment, compared to 45% of those with some college and 37% of high school graduates.

Percentage Of Respondents Who Never Forgo Medical Treatment, By Education



Perhaps partly because so many Americans are confident about purchasing medical services despite rising costs, Americans continue to express a high degree of satisfaction (87%) with the quality of the health care they receive. Just 4% of the respondents are very dissatisfied with the health care they receive; another 9% report being somewhat dissatisfied.

Degree of Satisfaction with Present Health Care

	1977 %	1978 %	1980 %	1981 %	1982 %	1983 %
Very satisfied	45	41	43	39	38	44
Somewhat satisfied	37	36	41	43	45	43
Somewhat dissatisfied	10	11	10	12	9	9
Very dissatisfied	4	6	6	5	7	4
DK/NA	4	6	1	1	—	—

—Less than .5 percent

Although there is a high degree of satisfaction with the quality of health care among all socio-economic groups, two variables—income and age—have an impact on the degree of satisfaction. Those with a family income of more than $20,000 a year are more satisfied with the health care they receive (90%) than people with a family income of less than $20,000 (83%). People 55 years of age and older are more satisfied than those 18-54 years of age.

Cost Containment: Public Policy Initiatives

Given the public's concern with health care costs, respondents were asked who they think is responsible. In general, they believe that the major public and private health care institutions are to blame. Strong majorities believe that both hospitals (79%) and doctors (75%) are primarily responsible. Majorities also believe that health insurance companies (57%) and drug companies (52%) are contributing to rising costs. Slightly less than a majority also feels that the Federal government is responsible (49%). The public, however, is very unwilling to blame itself for spiraling costs. Only 28% believe they are responsible for rising health care costs.

Degree of Responsibility for Causing Rising Health Care Costs, 1983

	A great deal %	*Something* %	*Very Little* %	*Nothing* %
Hospitals	79	18	3	1
Doctors	75	22	3	—
Health insurance companies	57	32	9	1
Drug companies	52	35	11	1
The Federal government	49	35	13	3
The American people themselves	28	36	26	9

—Less than .5 percent

Regional differences strongly affect attitudes toward responsibility for rising health care costs. Southerners and Westerners are more likely to believe that the Federal government, health insurance and drug companies are responsible for rising costs than Easterners or Midwesterners. Non-metropolitan dwellers place more blame on themselves, the Federal government and drug companies than metropolitan residents.

To determine what public policy initiatives Americans might support, respondents were asked to evaluate several strategies for health care cost containment. An overwhelming majority (86%) believe that it is a good idea for the government to require hospitals to publish and disseminate price information for medical services and room rates. Only 6% feel that such a government requirement would be a bad idea. Eighty-three percent feel that it is a good idea for the government to require doctors to publish and disseminate their fee schedules for various treatments and services. Interestingly, although a majority (69%) also favors a government initiative to require employers to offer a choice of three different health insurance plans of varying coverage and costs, this alternative receives less public support.

Opinions of Suggested Changes in the Health Care System

	Good Idea		*Bad Idea*		*Uncertain*	
	1981 %	1983 %	1981 %	1983 %	1981 %	1983 %
Have the government require that hospitals publish their charges for rooms and medical services, and make this information readily available.	84		10	6	7	8
Have the government require that doctors publish their fees for various services and treatments, and make this information readily available.	77	83	13	8	10	9
Have the government require that employers offer a choice of three different health insurance plans of varying cost and coverage to their employees.	65	69	16	14	18	17

Support for these three cost containment strategies is high among all demographic groups. However, metropolitan residents express more support for these three alternatives than non-metropolitan residents. Also, Easterners and Westerners are more supportive of the government requiring hospitals to publish their charges and insurance companies to offer a choice of insurance plans than Midwesterners and Southerners.

Another Federal approach to health care cost containment is to control expenditures for the Medicaid and Medicare programs. Sixty-six percent of the public believe that the government should require those whose medical care is paid by Federal funds to use clinics and HMOs that have a history of keeping costs down. Only 26% oppose this proposal. There is less public support for placing restrictions on Medicare. Fifty-four percent would support limiting Medicare so that only those who need financial help would actually get benefits.

Suggested Changes to Reduce Inflation in Government Health Care Programs, 1983

	Support %	*Oppose* %	*Uncertain* %
Require low-income people, whose medical care is paid for by the Federal government, to use clinics, HMOs and other facilities that have a history of keeping costs down.	66	26	8
Limit Medicare—the Federal program that now provides health insurance for everyone over 65—so that only those people who need financial help would actually get benefits.	54	39	7

Support for these two cost containment strategies varies among demographic groups. Those with family incomes of $20,000 or more give each of these alternatives more support. Similarly, Republicans express more support than Democrats.

The public also strongly supports strategies that would make hospitals more efficient and productive. An overwhelming majority (82%) favor requiring hospitals to conduct annual audits to assess the productivity of employee procedures and routines. Only 10% oppose this proposal. Another strategy which receives strong public support is coordination of hospital services. Most Americans (74%) believe that hospitals in a given geographic area should coordinate equipment and services in order not to duplicate expensive services such as cardiac units. Although a majority (58%) believe that hospitals should budget prospectively and charge according to these estimates even if their costs exceed estimates, there is less public support for this strategy.

Suggested Changes to Reduce Inflation in Health Care Costs, 1983

	Support %	*Oppose* %	*Uncertain* %
Require annual management audits of hospitals to review staffing needs and assess the productivity of employee procedures and routines.	82	10	8
Make hospitals in an area coordinate their equipment and services so they won't duplicate expensive services such as cardiac units.	74	18	8
Require hospitals to make detailed estimates of their future fees one year in advance and charge according to these estimates even if their costs exceed these estimates.	58	30	12

Income influences attitudes toward this question. Those with family incomes of $20,000 or more are more likely to favor these strategies. Metropolitan residents are more supportive of these proposals than non-metropolitan residents. Political affiliation is also significant. While Republicans are more supportive of initiatives to require productivity audits and coordination of services, Democrats are more supportive of prospective hospital budgeting.

Cost Containment: Individual Initiatives

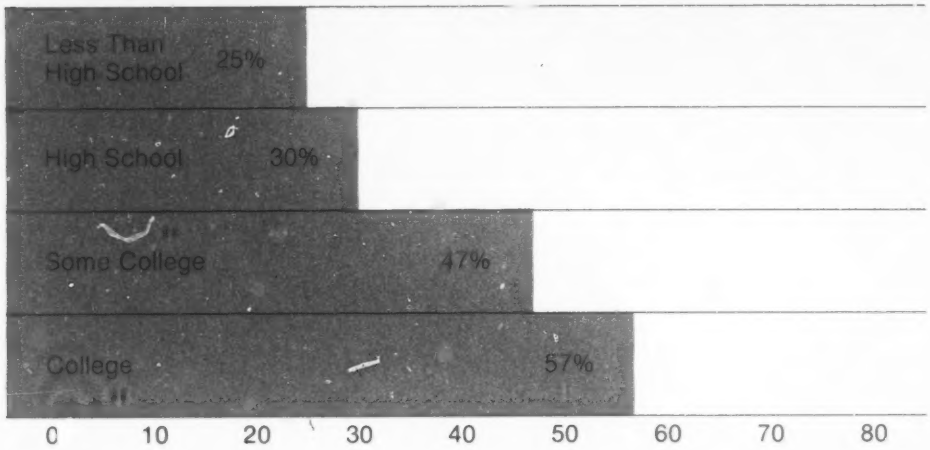
To determine how individuals might bring down health care costs, we asked respondents what they themselves would be willing to do. Support for these individual initiatives is relatively weak: none of the initiatives received majority support. Among the proposals, the public would be most willing to have routine illnesses treated by a nurse or physician's assistant rather than by a doctor (49%). Thirty-six percent would be willing to pay a higher deductible or would forgo seeing a personal physician and instead go to a clinic if it would reduce health care costs. Approximately 2 out of 3 (66%) would be *unwilling* to give up their right to sue for possible malpractice if it would help reduce health care costs, and about the same proportion (65%) are *unwilling* to limit opportunities for people to use expensive, life-saving technologies.

Willingness to Take Action to Reduce Health Care Costs, 1983

	Willing %	*Not Willing* %	*Uncertain* %
Have routine illnesses treated by a nurse rather than a doctor	49	45	47
Pay a higher deductible	36	51	13
Go to a clinic instead of seeing own doctor	36	55	9
Limited opportunities to use expensive technology	21	65	14
Give up right to sue for possible malpractice	21	66	12

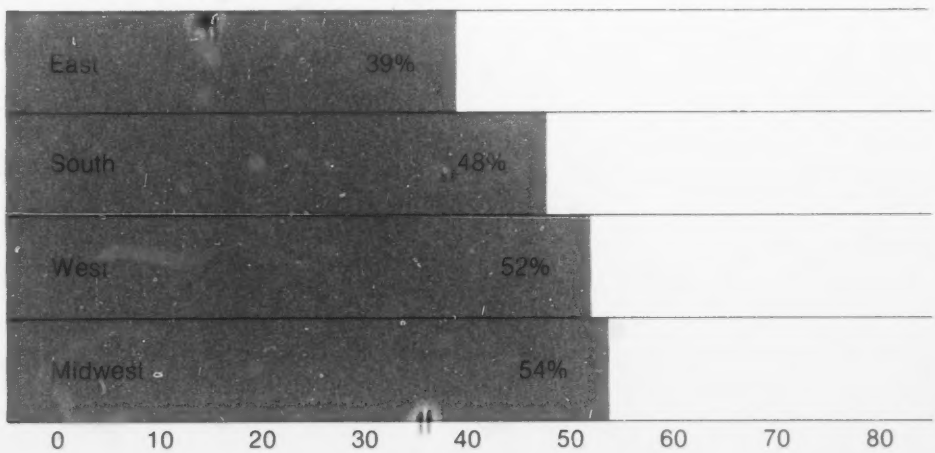
Willingness of the public to pay a higher deductible before health insurance starts to pay varies among demographic groups. Education is strongly and positively related to support for paying a higher deductible. Fifty-seven percent of college graduates support higher deductibles compared to 32% of high school graduates and 25% of those without a high school diploma. Income and political affiliation also influence attitudes. Forty-three percent of those with family incomes of $20,000 a year or more favor this proposal, compared to 29% with less. Finally, Republicans (43%) are more supportive than Democrats (35%).

Percentage Of Respondents Who Would Be Willing To Pay A Higher Deductible, By Education



Willingness to have a routine illness treated by a nurse or physician's assistant is affected by several variables. People from the Midwest are more likely to support this proposal (54%) than Westerners (52%), Southerners (48%), or Easterners (39%). Race is also significant, as 50% of whites favor this initiative, compared to 38% of non-whites.

Percentage Of Respondents Who Would Be Willing To Have A Routine Illness Treated By A Nurse, By Region



Cost Containment: Doctors

Some economists who have studied the health care system favor another method of cost containment—greater emphasis on price competition. Dissemination of fee schedules would give the consumer an opportunity to compare prices, thus hopefully containing overall health care costs. A strong majority agrees with this approach. Sixty-six percent of the public thinks it is a good idea for doctors and hospitals to advertise their prices and schedules. Only 11% disagree, while 22% have no strong opinion.

It is a good idea for doctors and hospitals to advertise their prices and services.

	1981 %	1983 %
Agree	60	66
No strong opinion	25	22
Disagree	14	11

Note: Response categories collapsed from six point scale; see note on page 34.

Political affiliation strongly influences attitudes toward this question with Democrats (67%) more favorable to this approach than Republicans (57%). Those with family incomes of $20,000 or more are also more favorable.

Although many Americans believe that it is a good idea for doctors to advertise their prices, very few think that cost is an important consideration in choosing a doctor. The most important consideration for an overwhelming majority (72%) is their perception of the doctor's competency. Only 9% consider cost to be the most important factor when choosing a doctor. Surprisingly, very few people depend on either another doctor's recommendation (5%) or a friend or relative's recommendation (4%) or consider a doctor's "bedside manner" to be the most important factor (4%).

Important Factors When Choosing a Doctor

	Most Important		*Second Most Important*	
	1981 %	1983 %	1981 %	1983 %
How competent the doctor is	74	72	11	10
How much the doctor charges	7	9	17	19
Whether the doctor was recommended by another doctor	5	5	26	26
Whether the doctor was recommended by a friend or relative	4	4	11	14
The doctor's personality or "bedside manner"	3	4	18	16
Where the doctor's office is located	1	3	12	10
DK/NA	5	3	6	4

Several demographic variables are related to people's perception of the most important factor in choosing a doctor. Those with family incomes of $20,000 or more are more likely to choose a doctor based on competency (76%) than their counterparts (66%). Education is also related to competency, as 83% of college graduates base their choice of a doctor on competency compared to 75% with a high school diploma and 59% of those with less than a high school education. Finally, whites are more likely to choose a doctor because of his or her competency (76%) than non-whites (48%).

The relatively low emphasis placed on cost when choosing a physician is substantiated by responses to another question. Most Americans (73%) have not asked their doctor for a less expensive treatment compared to 21% who have.

Questioning Doctor on Treatment Cost

	1981 %	1983 %
Have asked doctor for less expensive medicine or treatment	18	21
Have not asked doctor for less expensive medicine or treatment	80	73
Uncertain	2	6

Cost Containment: Medical Malpractice

One of the causes for the rise in physicians' fees and utilization of health care services is the constant escalation in premiums for medical malpractice insurance. Medical malpractice is a highly visible issue: approximately two-thirds of the public (67%) have heard or read about lawsuits against doctors and hospitals.

Awareness of Medical Malpractice Suits, 1983

	%
Yes	67
No	28
Uncertain	5

Respondents were asked to evaluate the causes for the increasing number of medical malpractice suits. Sixty-three percent feel that the increase is because people are more aware that they can sue, and 55% believe that the primary cause is that people want to make money from litigation. Majorities also feel that doctors and lawyers should take the blame. Fifty-three percent feel that malpractice suits are due to unnecessary surgical operations, while 52% believe that lawyers encourage lawsuits to make money.

Reasons for Increased Numbers of Medical Malpractice Suits, 1983*

	%
People are more aware that they can sue	63
People want to make money on lawsuits	55
Doctors do unnecessary operations	53
Lawyers encourage lawsuits to make money	52
Publicity about big awards encourages more lawsuits	48
Lawyers are more willing to sue doctors today	39
Doctors get careless	37
People expect doctors to never make mistakes	36
Doctors charge too much	28
Hospitals are understaffed	20

**Multiple responses permitted*

When presented with a list of possible strategies to reduce the number of medical malpractice suits, three out of four (75%) favor requiring second opinions before surgery or other major treatment. Majorities also favor two other initiatives to reduce the number of malpractice suits—having medical boards review physicians who are sued (62%) and limiting attorney's fees in malpractice suits (52%). There is relatively weak public support for limiting money awards from suits (27%) or in settling malpractice suits by binding arbitration (25%).

Suggested Steps for Reducing Number of Medical Malpractice Suits, 1983

	Definitely a Good Idea %	*Probably a Good Idea* %	*Probably a Bad Idea* %	*Definitely a Bad Idea* %
Require second opinion before operation or other major treatment.	75	22	2	†
Have medical boards review doctors who get sued.	62	34	3	1
Limit attorney's fees in malpractice cases.	52	36	8	3
Stronger licensing rules for doctors.	48	41	7	2
Limit money that can be awarded in a malpractice suit.	27	40	19	12
Settle malpractice disputes by binding arbitration outside of the courts.	25	48	14	11

†*Less than .5%*

Cost Containment: Health Insurance

Other approaches to containing health care costs involve health insurance payment options. For example, one approach is to make consumers and providers of health care more aware of the cost consequences of their decisions by lowering the proportion of medical costs paid by health insurance. A majority (52%) believe that patients and doctors would try harder to cut costs if health insurance did not pay most of people's health care costs.

Patients and doctors would try harder to cut health care costs if health insurance did not pay most of people's health care expenses.

	1979 %	1982 %	1983 %
Agree	43	41	52
No strong opinion	34	35	33
Disagree	22	23	15

Note: Response categories collapsed from six point scale; see note on page 34.

Support for this approach is strongly related to education. Sixty percent of college graduates agree that lowering the proportion of medical costs paid by health insurance would encourage patients and doctors to reduce costs, compared to 52% of those who completed high school, and 45% of those who have not completed high school. Moreover, Americans from non-metropolitan areas are much more supportive (64%) than those from metropolitan areas (48%).

In a related question, a near majority (48%) feel that private health insurance companies should get tougher with doctors and hospitals by refusing to pay for unnecessary or too costly health care. A substantial number (33%) has no strong opinion.

Private health insurance companies should be tougher with doctors and hospitals and should refuse to pay for unnecessary or too costly health care.

	1981 %	1983 %
Agree	50	48
No strong opinion	30	33
Disagree	20	19

Note: Response categories collapsed from six point scale; see note on page 34.

People with family incomes of $20,000 or more (51%) are more likely to say that health insurance companies should refuse to pay unnecessary or too costly medical services than those with family incomes of less than $20,000 (45%). Political affiliation is also significant, as 57% of Republicans

favor this approach compared to 45% of Democrats and 47% of Independents.

A very strong majority (71%) believes that health insurance companies should encourage patients to use their doctor rather than go to hospitals. Only 9% disagree with this proposition.

Health insurance programs should encourage patients to use their doctors whenever possible rather than go to hospitals, 1983.

	%
Agree	71
No strong opinion	20
Disagree	9

Note: Response categories collapsed from six point scale; see note on page 34.

The public is somewhat undecided about health insurance coverage for the costs of preventive health care. While a substantial proportion of the respondents has no strong opinion on this issue, 38% believe that health insurance should cover preventive health care, even if it means higher premiums. The public is also undecided about whether health insurance should cover routine medical expenses. By a 37% to 31% margin, they believe that health insurance companies should cover only major medical expenses.

Health insurance should cover the costs of preventive health care, such as physical check-ups and health education, even if it means higher premiums.

	1981 %	1983 %
Agree	50	38
No strong opinion	28	35
Disagree	21	27

Note: Response categories collapsed from six point scale; see note on page 34.

Private health insurance should cover major health expenses and let the individual pay for routine medical services.

	1978 %	1983 %
Agree	34	37
No strong opinion	35	31
Disagree	29	31

Note: Response categories collapsed from six point scale; see note on page 34.

Health Insurance Companies

As in past years the public has a vague perception of health insurance companies. One indication is that significant proportions of the public express no strong opinion on questions about the image of health insurance companies. Among those who express opinions, attitudes are mixed. The public, by a 39% to 14% margin, believes that health insurance companies are generally fair in the way they handle claims.

Health insurance companies are generally fair in the way they handle health insurance claims.

	1981 %	1983 %
Agree	41	39
No strong opinion	44	47
Disagree	15	14

Note: Response categories collapsed from six point scale; see note on page 34.

Related to the question of corporate fairness is the issue of the legitimacy of profits. By a 49% to 16% margin, the public believes that it is legitimate for health insurance companies to make a profit. Thirty-five percent have no strong opinion on this question.

It is not right for health insurance companies to make a profit.

	1977 %	1978 %	1979 %	1981 %	1982 %	1983 %
Agree	17	19	20	18	16	16
No strong opinion	31	36	28	34	33	35
Disagree	51	43	51	48	50	49

Note: Response categories collapsed from six point scale; see note on page 34.

Opinions about the legitimacy of health insurance profits is related to education. Fifty-seven percent of college graduates affirm the right of private health insurance companies to make a profit, compared to 45% of those who are high school graduates. Those with family incomes of $20,000 a year or more are more likely to believe that health insurance companies' profits are legitimate (53%) than their counterparts (45%).

People are basically undecided about whether they get their money's worth from health insurance companies. By a slight margin (29% to 26%), they think they are *not* receiving their money's worth. A plurality (44%), however, expresses no strong opinion. Moreover, Americans (40%) do not

think that private health insurance companies are playing a major role in helping to slow the rise in health care costs. Again, a plurality (41%) has no strong opinion.

Health insurance companies give consumers their money's worth.

	1981 %	1982 %	1983 %
Agree	37	29	26
No strong opinion	42	44	44
Disagree	21	26	29

Note: Response categories collapsed from six point scale; see note on page 34.

Private health insurance companies are playing a major role in helping to slow down the rise in costs of medical care.

	1977 %	1978 %	1979 %	1980 %	1983 %
Agree	18	14	16	15	18
No strong opinion	44	43	45	45	41
Disagree	36	40	37	39	40

Note: Response categories collapsed from six point scale; see note on page 34.

Bio-Ethical Issues

A strong majority (70%) feels that the family of a terminally ill patient who is unconscious or in a coma should be able to tell a doctor to remove life support systems.

A family ought to be able to tell doctors to remove all life support services and let the patient die if the patient is terminally ill, in a coma and not conscious, with no cure in sight, 1983.

	%
Yes	70
No	17
Uncertain	13

Age, income, and race influence attitudes on this issue. Those 65 years of age and older are less likely (64%) to support this proposition than other age groups. Those with incomes of $20,000 or less (62%) are less supportive of this practice than those with higher incomes (76%). Finally, non-whites (47%) are considerably less supportive than whites (74%).

There is considerably less public support for allowing a doctor to end a patient's life if the patient has an incurable disease and requests it. Although a majority supports this proposition (51%), 36% disagree.

Doctor should be able to end a patient's life by some painless means if patient has an incurable disease and requests it, 1983.

	%
Yes	51
No	36
Uncertain	13

Again, those over 65 years of age, those with family incomes less than $20,000 a year, and non-whites are less supportive of the proposal.

On the issue of test tube conception, a majority (52%) feels that it should be made available to married couples unable to conceive naturally. Thirty percent express no strong opinion, and 17% feel that this technique should not be made available.

Those 18-34 years of age are significantly more supportive (60%) of test tube conception, and those with higher incomes are also more supportive.

By a 48% to 22% margin, the public feels that parents should not be allowed to select the sex of their child if and when the technique becomes available.

The test tube method of conception should be made available to married couples unable to conceive naturally, 1983.

	%
Agree	52
No strong opinion	30
Disagree	17

Note: Response categories collapsed from six point scale; see note on page 34.

Parents should be allowed to select the sex of their child if and when it becomes possible, 1983.

	%
Agree	22
No strong opinion	28
Disagree	48

Note: Response categories collapsed from six point scale; see note on page 34.

Demographic Patterns: The Influentials

Public opinion analysts often examine how public attitudes are related to income, education, marital status, and other demographic variables. However, in political terms it may be more important to look at the population in an entirely different way. Political scientists have long known that the population displays varying degrees of political interest and involvement in politics and government, and that a relatively small number of people are consistently active in politics. When public officials respond to public opinion, they may in fact be responding to a relatively small group of vocal and active citizens. This special analysis will contrast the attitudes of these politically aware and active citizens, the "influentials," with the rest of the population.

What Are Influentials?

All respondents to this survey were asked a battery of five questions about their interest, knowledge and activity concerning national affairs.

In this analysis, influentials are people who say that they:

1. Follow news about politics and national affairs either very or somewhat closely . . . AND
2. Are very or somewhat interested in politics and national affairs . . . AND
3. Discuss politics and national affairs with others at least once or twice a week . . AND
4. Have contacted (within the past five years) a political officeholder in order to express their views on a national, state or local issue . . . OR
5. Are active in organizations or groups which discuss or are involved with political issues.

Who Are They?

This year, influentials make up 21% of the adult American population. Compared to the population as a whole, influentials are wealthier, better educated and more likely to be middle-aged. They are also more likely to be white than non-white. The following table shows the distribution of the weighted sample and those respondents defined as "influentials."

Demographic Profile of Influentials

Population Total	Influentials % 21 (100%)	Population % (100%)
Sex:		
Male	50	48
Female	50	52
Race:		
White	89	85
Non-White	11	15
Age:		
18-24 years	10	18
25-29 years	16	13
30-34 years	11	10
35-44 years	22	16
45-54 years	13	14
55-64 years	21	13
65 years and over	7	16
Household Income:		
Less than $7,500	4	15
$7,500-$9,999	5	8
$10,000-$19,999	18	24
$20,000-$29,999	23	21
$30,000 and over	39	22
DK/NA	11	10
Educational Level		
Not high school graduate	11	30
High school graduate	30	38
Some college	24	16
College graduate or more	36	16
Political Identification:		
Democrat	36	45
Republican	24	17
Independent	35	30
No political identification	3	9

Health Care System and Health Insurance Companies

Though both influentials and the general public agree that the costs of health care are rising at a faster rate than other costs, influentials are more critical of various institutions for causing rising health care costs. Influentials place more blame on the federal government, drug companies and hospitals for causing health care cost inflation than the general public.

Influentials are more confident in their ability to purchase health care services and to meet the costs of a major illness (82% compared to 70%). Nevertheless, both influentials and the general public are equally satisfied with the health care they receive.

Influentials are generally more supportive of specific governmental strategies for containing health care costs. They have a more favorable view of governmental proposals to require either doctors or hospitals to publish their fee schedules. Influentials are also more supportive of stricter regulation of the Federal government's Medicaid and Medicare programs.

Influentials are also more supportive of hospital cost containment strategies that would require hospitals to be managed more efficiently. Compared to the general public, influentials are more supportive of requiring annual audits of hospital productivity (91% compared to 80%). Similarly, influentials are more supportive of making hospitals coordinate their services and equipment (83% compared to 72%), and requiring hospitals to budget prospectively.

Influentials strongly support two types of personal initiatives to contain health care costs. They are much more willing than the general public to pay a higher deductible (50% compared to 33%), and have routine illnesses treated by a nurse rather than a doctor (60% compared to 45%).

Although both influentials and the general public have vague perceptions of health insurance companies, influentials are more favorable to the business. Influentials are more likely to support the right of health insurance companies to make a profit (61% compared to 46%). Similarly, influentials are more likely to believe that health insurance companies give consumers their money's worth.

Technical Appendix

The sample of 1,508 respondents used in this study was selected by the area probability method. The first step in the application of the method was to divide the continental United States into equal population cells according to geographic region. Based upon the calculated optimum cluster size, three replicates of 85 clusters each (a total of 255) were selected by a systematic random procedure. For each sampling segment, interviewers were given a randomly selected address as a starting point and instructions for selecting other households in the area for interviews. Within each household, respondents were selected randomly, and no more than one eligible respondent was interviewed in each household. In the interest of economy, the non-metropolitan population was under-sampled by one-half and statistically weighted back to its proper proportion. All interviews were conducted between March 21 and May 5, 1983.

A weighting technique was applied to correct for the small deviations from representativeness that occur in any public opinion survey. The weighting adjusted the sample so that it is comparable to the sex, race, age, education and income distribution of the adult U.S. population, as established by the Census Bureau in June, 1980. Finally, respondents were weighted by their propensity for being "not-at-home" to compensate for any bias which might be introduced by some respondents "not-at-home" for the personal interview.

All the proportions reported in this study are within a tolerance of ± 3%, at the .05 level of confidence. This means that 95 times out of 100 the percentages reported will be plus or minus 3% of the true value for the population.

Note

In some cases, years have been deleted from tables because of space limitations; the patterns in the data are not significantly altered. Data for deleted years is available upon request.

Finally, the response categories for some of the tables are: Agree, No strong opinion, and Disagree. These response categories were derived by collapsing the following six point scale:

Agree	Strongly Agree Agree
No strong opinion	Not sure, but probably agree Not sure, but probably disagree
Disagree	Disagree Strongly disagree

Questionnaire

Classification Data (Fill in at end of interview)

A. Age: In what year were you born? Enter Year: _____
(IF REFUSED, ESTIMATE AGE AND RECORD BELOW)
18 - 20 years
21 - 24 years
25 - 29 years
30 - 34 years
35 - 44 years
45 - 54 years
55 - 64 years
65 years or older

B. Education:
Less than high school graduate
High school graduate
Some college
College graduate
Postgraduate

C1. (HAND CARD CC) Would you please tell me which one of these categories best describes your current marital status? Just read me the letter.
a. Never married (SKIP TO Q.D1)
b. Living as married (ASK Q.C2)
c. Married for the 1st time (SKIP TO Q.D1)
d. Remarried (SKIP TO Q.D1)
e. Separated (SKIP TO Q.D1)
f. Divorced (SKIP TO Q.D1)
g. Widowed (SKIP TO Q.D1)
No answer (SKIP TO Q.D1)

C2. Which of these best describes your previous marital status?
Never married
Separated
Divorced
Widowed

ASK EVERYONE:

D1. Do you have any children under 18 living at home?
Yes
No (SKIP TO Q.E)

D2. Number of children under 18 living at home: (ENTER NUMBER)
Under 5 years: _____
5 - 10 years: _____
11 - 17 years: _____

E. Including yourself, how many people altogether are there living in this household?
Enter Number: _____

F1. What is your occupational status, are you:
Employed full-time (ASK Q.F2)
Employed part-time (ASK Q.F2)
Retired (SKIP TO Q.G)
Housewife (SKIP TO Q.G)
Student (SKIP TO Q.G)
Unemployed (SKIP TO Q.G)

F2. IF RESPONDENT EMPLOYED: What is your occupation? (IF NECESSARY, WHAT INDUSTRY IS THAT IN?)
Position: _____
Industry: _____

G. IF MARRIED: What is the occupational status of your spouse?—is (he/she)
Employed full-time
Employed part-time
Retired
Housewife
Student
Unemployed

H1. (HAND CARD DD) What is your total family income before taxes? Just read me the letter.
a. Under $5,000
b. $5,000 - 7,499
c. $7,500 - 9,999
d. $10,000 - 14,999
e. $15,000 - 19,999
f. $20,000 - 24,999
g. $25,000 - 29,999
h. $30,000 - 39,999
i. $40,000 - 49,999
j. $50,000 - 74,999
k. $75,000 and over

H2. (STILL USING CARD DD) What is your total personal income before taxes? Just read me the letter.
a. Under $5,000
b. $5,000 - 7,499
c. $7,500 - 9,999
d. $10,000 - 14,999
e. $15,000 - 19,999
f. $20,000 - 24,999
g. $25,000 - 29,999
h. $30,000 - 39,999
i. $40,000 - 49,999
j. $50,000 - 74,999
k. $75,000 and over

I1. Tenure:
Own home (ASK Q.I2)
Rent home (SKIP TO Q.J)
Other (SKIP TO Q.J)

I2. If "own home" in Q.I1, ASK: For how long have you owned a home?
Less than one year
1 - 2 years
3 - 5 years
6 - 10 years
More than 10 years

J. Are you presently a member of a union?
Yes
No

K. Do you consider yourself:
A Democrat
A Republican
An Independent
Other (SPECIFY):* _____
_____
No political affiliation*
*(DO NOT READ)

L1. (HAND CARD EE) Here are seven different kinds of life insurance. What is the total amount of coverage that you, yourself, have including all policies you may have from the list on CARD EE? Just read me the number of the total category.
1. Less than $1,000
2. $1,000 - 4,999
3. $5,000 - 9,999
4. $10,000 - 24,999
5. $25,000 - 49,999
6. $50,000 - 99,999
7. $100,000 and over
None (VOLUNTEERED)
Uncertain (VOLUNTEERED)

L2. (STILL USING CARD EE) And which of these types of life insurance do you have?
a. Regular life insurance
b. Group life insurance
c. Veterans life insurance
d. Fraternal or burial society life insurance
e. Savings bank life insurance
f. Credit life insurance
g. Universal life insurance
Other (SPECIFY): _____

L3. (STILL USING CARD EE) Now, considering all those in your household, including yourself, what is the total amount of coverage for the household as a whole including all policies you may have from the list on CARD EE? Just read me the number of the total coverage category.
1. Less than $1,000
2. $1,000 - 4,999
3. $5,000 - 9,999
4. $10,000 - 24,999
5. $25,000 - 49,999
6. $50,000 - 99,999
7. $100,000 and over
None (VOLUNTEERED)
Uncertain (VOLUNTEERED)

M. How interested are you in politics and national affairs? Are you: (READ OFF THE CHOICES)
Very interested
Somewhat interested
Only slightly interested
OR Not at all interested

N. (HAND CARD FF) In general, how often do you usually discuss politics and national affairs with others?
a. Everyday
b. Maybe once or twice a week
c. Less than once a week
d. Hardly ever

O. How closely do you follow news about politics and national affairs through TV, radio, magazines or newspapers? Do you follow it: (READ OFF THE CHOICES)
Very closely
Somewhat closely
Not too closely
OR Not at all closely

P. In the past five years have you contacted a political officeholder, such as a congressman or government official, in order to express your views on a national, state or local issue?
Yes
No (SKIP TO Q.R)

Q. Approximately how many times in the past five years have you contacted a political officeholder or government official?
ENTER ff: _____

R. Are you active in any organizations or groups which discuss or are involved with political issues?
Yes
No

S. How would you describe your views on most political matters? That is, do you think of yourself as . . . (READ CHOICES)
Liberal
Moderate
Conservative

T. RELIGION
Catholic
Jewish
Protestant
None (VOLUNTEERED)
Other (VOLUNTEERED)
Refused (VOLUNTEERED)

IF PROTESTANT, ASK:
What Denomination? (RECORD)

U. SEX: (RECORD, DO NOT ASK)
Male
Female

RACE: (RECORD, DO NOT ASK)
White
Black
Other

Health

1. Please think for a moment about the costs of health care. Overall, do you think that the cost of health care is going up at a slower rate than costs in general, at about the same rate, or at a faster rate than costs in general?
2. (HAND CARD M) For each of the groups listed on this card, tell me the item on the scale which comes closest to expressing how much responsibility you feel each group has for causing health care costs to rise.
3. How satisfied are you with the health care you receive? Are you—very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?
4. Considering your health insurance and other resources you may have, how confident are you that you could meet the costs of a major illness in your family? Would you say you are . . . (READ OFF CHOICES) very confident, somewhat confident, not very confident, OR not at all confident.
5. How often does the cost of medical care keep you from going to the doctor or buying medicine? (READ OFF CHOICES) Often, occasionally, seldom, OR never.
6. (HAND CARD N) This card describes a number of changes which have been suggested to reduce inflation in health care costs. For each one, please tell me if you would support or oppose it. (IF VOLUNTEERED: Uncertain)
7. (HAND CARD O) There are a number of things people consider when choosing a doctor. Looking at this list, which factor would be most important to you? Which would be the second most important?
8. When people visit the doctor, sometimes the doctor can choose among medicines and treatments of varying costs. Have you ever asked your doctor to prescribe a less expensive medicine or treatment?
9. Various suggestions have been made for changing the health care system. For each of the following ideas, tell me whether you think it is a good idea, a bad idea, or whether you are uncertain.

10. Some health insurance plans have a deductible—which means you have to pay a certain amount of your medical bills before the insurance begins to pay. If it would reduce the cost of health insurance, would you be willing to pay a higher deductible—that is, pay more of your medical bills before the insurance starts to pay?

11. With expensive modern technology it is now possible to keep people alive who used to die from their illness. If it would reduce the overall cost of health insurance, would you be willing to limit the opportunities for people to use such technology?

12. If it would reduce the cost of health care, would you be willing to go to a clinic where you would be assigned an available doctor instead of going to see your own doctor?

13. If it would reduce the cost of health care, would you be willing to have your routine illnesses treated by a nurse or a doctor's assistant rather than by a doctor?

14. If it would reduce the cost of health care, would you be willing to give up the right to sue for possible malpractice?

15. When a person has a disease that cannot be cured, do you think that doctors should be allowed by law to end the patient's life by some painless means if the patient requests it?

16. There have been cases where a patient is terminally ill, in a coma and not conscious, with no cure in sight. Do you think that a family of such a patient ought to be able to tell doctors to remove all life support services and let the patient die?

17. (SHUFFLE PINK DECK OF STATEMENT CARDS AND HAND TO RESPONDENT) (ALSO HAND CARD P) Once again, we have a group of cards, each one containing a statement. Would you please read each statement, call off its identification letter, and then the number of the item on the scale on Card P that best describes the extent of your agreement or disagreement with the statement.

18. Now I'd like to ask about lawsuits accusing doctors and hospitals of mistakes in treatment. Have you read or heard or seen anything about lawsuits against doctors and hospitals in the past year or so?

19. Lawsuits accusing doctors and hospitals of mistakes in treatment have increased substantially in recent years. (HAND CARD Q) Looking at this list, what do you think are the main reasons for that? Anything else? (RECORD ALL THAT APPLY)

20. Lawsuits against doctors and hospitals are usually called medical malpractice suits. Here is a list of steps (HAND CARD R) that have been suggested for cutting down on the number of these suits. Please look at each one and tell me if you think it is definitely a good idea, probably a good idea, probably a bad idea, or definitely a bad idea.

Other Research Publications Available From The Health Insurance Association Of America and The American Council of Life Insurance*

DataTrack 11, The Public's Health—Compiles U.S. data on births, deaths, disease, disability and health habits.

DataTrack 10, Above-Average Income Households and Families—This report summarizes the demographic characteristics of households and families with incomes of $25,000 and over.

DataTrack 9, Older Americans—Reviews the changes in the American population 65 years and older over the past two decades.

TAP #23, Forces in Motion: Identifying Potential Crises—Examines five potential disasters that can be identified by existing trends and what might be done to mitigate these forces.

TAP #22, The Shape of the American Family in the Year 2000—This report discusses some of the more probable futures of the American family.

TAP #21, Compunications—Discusses the merging of two technologies—communications and computers. The report speculates on various social and technological changes resulting from this new relationship.

Current Social Issues: The Public's View—Reviews selected findings from an annual national survey of public attitudes toward such issues as the economy, personal finances, the psychology of entitlement, and government regulation of business.

Source Book of Health Insurance Data—Provides latest available data on major forms of health insurance. Also includes data on medical care costs, morbidity, and health manpower in the United States.

New Group Health Insurance—Reports on a Health Insurance Association of America survey of new group health insurance policies written by insurance companies.

New Group Disability Insurance—Reports on an HIAA survey of short-term and long-term disability income insurance.

*single copies free

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